

REPORT MONTH: _____

ELIGIBILITY STATUS REPORT

DISTRICT ADDRESS

DATE:
CASE NAME:
CASE NUMBER:
FILE/UNIT NUMBER:
WORKER NAME:
WORKER PHONE:
SAR Cycle Number:
Customer ID:

(Bar Code)

NEED HELP? CALL YOUR WORKER

MAIL BACK TO ADDRESS:

ADDRESSEE:

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER _____ 1st AND RETURN IT _____ 5th
For CalWORKs your family size is _____. Your IRT is \$ _____. For CalFresh, your household size is _____. Your IRT is \$ _____

Check the box if you would like to STOP getting any of the following: STOP my CalWORKS STOP my CalFresh STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported?
 YES NO (if yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date of Birth	Relationship to you	Regularly purchase and prepare food together?
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Have there been any changes to your address since you last reported? Yes No (if yes, complete the section below)
New address: _____ Date Moved: _____
Number, Street, City, Zip Code
Mailing Address (if different than above) _____

3. If you have moved or have new/changed housing costs since you last reported please fill out the section below:

Your rent or mortgage per month now? \$ _____	If paid separately, your property taxes and home insurance per month now? \$ _____
Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones: <input type="checkbox"/> Phone <input type="checkbox"/> Trash <input type="checkbox"/> Water <input type="checkbox"/> Electric/Gas <input type="checkbox"/> Other heating or cooling costs	

4. Is anyone in your home:
A. A felon whose conviction was drug-related?
B. Running from the law?
C. In violation of probation or parole?
 YES NO (if yes, complete the section below)

Name of person	A,B or C from above	Where did the arrest or conviction happen?	Date of arrest and/or conviction

5. Medical Costs: Did anyone who gets CalFresh and is 60 years old or older, or disabled, have a change in medical costs?
 YES NO (if yes, complete the section below)

Who had the change?	Amount: \$ _____
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6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported? YES NO
If yes, what was the amount paid in the Report Month? \$ _____
Who paid support? _____ If Yes, Attach proof.

7. Dependent or Child Care: Did anyone who gets CalFresh and either works, is looking for work, or is going to school have a change in dependent care or child care costs since they last reported?
 YES NO If yes, what was the amount paid in the Report Month? \$ _____
Who paid? _____ List child/children: _____

INCOME	INCOME	INCOME
INCOME	INCOME	INCOME
INCOME	INCOME	INCOME

WELFARE FRAUD HOTLINE
(800)349-9970

8. Did anyone: get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, prior social security), or other property items since last reported?

YES NO (if yes, complete the section below. If you need more space, attach a separate piece of paper)

Who?	Type of Property?	When?	Amount:	<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
				<input type="checkbox"/> Got as a Gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

9. Did anyone get income from employment in the Report Month? YES NO (if yes, complete the section below and attach proof). The Report Month list at the top of the first page. List each jobs for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pays, tips, etc.

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income:	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>
How often paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly
Gross amount they got, list here:	\$ \$ \$	\$ \$ \$	\$ \$ \$
Hours work per month:			
Will this income continue?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will there be any change to your job or income in the next six month? Examples: stopping, starting, increase or decrease of income, changes in hour, quitting a job or going on strike, change in how often you are paid. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain here: _____			

10. Did anyone get money from any other source in the Report Month? YES NO (if yes, complete the section below and attach proof). The Report Month list at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, and Worker's Compensation. Loan/Gifts, Earned/Unearned Housing, Utilities, Food, etc.

Name	Source of Income	One time payment or monthly	How much
			\$
			\$
			\$

Will there be any change to this income in the next six months? YES NO

Explain here: _____

11. Have any of the following happened to anyone in your home since you last reported? YES NO (if yes, check below and attach proof):

- Family Change (Married, divorced, separated, entered into California Registered Domestic Partnership (RDP), have a non-California Registered Domestic Partnership (DP), ended DP or RDP, became pregnant, or is no longer pregnant?)
- Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- Disability (Became disabled or recovered from a disability or major illness?)
- Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- Insurance (Started, stopped, changed health, dental, or life insurance benefits, including MEDICARE?)
- Custody (Any change in the amount of time you care for/have custody of your children?)
- In-Home Support Services (Started or stopped getting services?)
- School Attendance
 - * For Cash Aid Only – Student age 6 -18 stopped or started attending school regularly?
 - * For Age 16 or older student – started or stopped school/college? (You may be able to claim costs for books, school tuition, etc.)
- Someone paid for all my housing, food, clothing or utility costs. (please explain) _____
- Other _____

Please read carefully, sign and date

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000. I may have to pay back benefits if I was not eligible to them, the first time I break the rules on purpose I will not be able to get CalFresh for one year, the second time two years, and after the third time I will not be able to receive CalFresh again.
- I understand and agree to give copies all documents needed to complete my semi-annual report.
- I understand in some instances, I may be asked to give consent to make whatever contacts are necessary to determine eligibility.

CERTIFICATION – FRAUD WARNING

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such action. I have received a copy of the Instructions and Penalties for the Eligibility/Status Report for Cash Aid and CalFresh.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.
I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained on this report are true and correct and complete.

WHO MUST SIGN BELOW
For Cash Aid: You and your aided spouse, registered domestic partner, and the other parent (of cash-aided children) if living in the home.
For CalFresh: The head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK ➔	DATE SIGNED	HOME PHONE () - -	CONTACT/CELL PHONE () - -
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH-AIDED CHILDREN ➔	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM ➔	DATE SIGNED